CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields m...

WO#: 1289497

CLIENT: USS CORP
PM: MMW   **Due Date: 06/28/17**

Pace Analytical

Section A
Required Client Information:

Company: USS Corporation
Address: P. O. Box 417
Mt. Iron, MN 55768
Email:
Phone: | Fax:
Requested Due Date:

Section B
Required Project Information:

Report To: Tom Moe
Copy To:

Purchase Order #:
Project Name: NPDES-LINE 3 Wkly
Project #:

Section C
Invoice Information:

Attention:
Company Name:
Address:
Pace Quote:
Pace Project Manager: heather.zilka@pacelabs.com,
Pace Profile #:

SAMPLE ID
One Character per box.
(A-Z, 0-9, , -)
Sample Ids must be unique

MATRIX	CODE
Drinking Water	DW
Water	WT
Waste Water	WW
Product	P
Soil/Solid	SL
Oil	OL
Wipe	WP
Air	AR
Other	OT
Tissue	TS

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE	COLLECTED START DATE	TIME	COLLECTED END DATE	TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	LAB FILTERED: SO4	Lab FILTERED: Ca,Mg,Hard	Residual Chlorine (Y/N)
	WS-002 Scrubber Make-Up	WT																X / X	X / X	LF,LF
	WS-003 Thickner Overflow	WT		6/14/17 1	6/14/17 140													X / X	X / X	LF,LF

Analyses Test   Y/N

RELINQUISHED / RECEIVED

RELINQUISHED BY:
1. Moe/USS   6/14/17 1620

RECEIVED BY:
6/14/17 1620

RELINQUISHED BY:

RECEIVED BY:
6/14/17 1620   4.3   Y   N   Y

	TEMP in C	Received on Ice (Y/N)	Custody Sealed Cooler (Y/N)	Samples Intact (Y/N)
	4.3	Y	N	Y

PRINT Name of SAMPLER: Thomas A. Moe
SIGNATURE of SAMPLER: Thomas A. Moe
DATE Signed: 6/14/17

Sample Condition Upon Receipt

Client Name: **USS** Project #:

WO#: 1289497

PM: MMW **Due Date: 06/28/17**
CLIENT: USS CORP

Courier: ☐Fed Ex ☐UPS ☐USPS ☑Client ☐Commercial ☐Pace ☐Other:_____

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☐Yes ☑No Seals Intact? ☐Yes ☐No

Optional: Proj. Due Date: Proj. Name:

Packing Material: ☐Bubble Wrap ☐Bubble Bags ☑None ☐Other:_____ Temp Blank? ☑Yes ☐No

Thermometer Used: ☑ 140792808 Type of Ice: ☑Wet ☐Blue ☐None ☐Samples on ice, cooling process has begun

Cooler Temp Read °C: **4.0** Cooler Temp Corrected °C: **4.3** Biological Tissue Frozen? ☐Yes ☐No ☑NA
Temp should be above freezing to 6°C Correction Factor: **+0.3** Date and Initials of Person Examining Contents: **6/14/17 tb**

Comments:

Chain of Custody Present?	☑Yes	☐No	☐N/A	1.
Chain of Custody Filled Out?	☑Yes	☐No	☐N/A	2.
Chain of Custody Relinquished?	☑Yes	☐No	☐N/A	3.
Sampler Name and Signature on COC?	☑Yes	☐No	☐N/A	4.
Samples Arrived within Hold Time?	☑Yes	☐No	☐N/A	5. If Fecal: ☐<8 hours ☐ >8, <24 hours ☐ >24 hours
Short Hold Time Analysis (<72 hr)?	☐Yes	☑No	☐N/A	6.
Rush Turn Around Time Requested?	☐Yes	☑No	☐N/A	7.
Sufficient Volume?	☑Yes	☐No	☐N/A	8.
Correct Containers Used?	☑Yes	☐No	☐N/A	9.
- Pace Containers Used?	☑Yes	☐No	☐N/A	
Containers Intact?	☑Yes	☐No	☐N/A	10.
Filtered Volume Received for Dissolved Tests?	☑Yes	☐No	☐N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	☑Yes	☐No	☐N/A	12.
-Includes Date/Time/ID/Analysis Matrix: **W**				
All containers needing acid/base preservation will be checked and documented in the pH logbook.	☐Yes	☐No	☑N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	☐Yes	☐No	☑N/A	13.
Headspace in VOA Vials (>6mm)?	☐Yes	☐No	☑N/A	14.
Trip Blank Present?	☐Yes	☐No	☑N/A	15.
Trip Blank Custody Seals Present?	☐Yes	☐No	☑N/A	
Pace Trip Blank Lot # (if purchased):_____				

CLIENT NOTIFICATION/RESOLUTION Field Data Required? ☐Yes ☐No

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N TEMPERATURE WAIVER ON FILE Y N

Project Manager Review: _____ Date: **6/14/17**
Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e out of hold, incorrect preservative, out of temp, incorrect containers)